DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45d 4/30/11

PRINTED: 03/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445237	A. BUILDING _____ B. WING _____	03/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHURCH HILL CARE & REHAB CTR	701 WEST MAIN BLVD CHURCH HILL, TN 37642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of manufacturer's recomendations, and interview, the facility failed to update the care plan for one resident (#12) for the use of a restraint and failed to update the care plan for one resident (#5) for the use of a foley catheter, of twenty-six residents reviewed. The findings included: Resident #12 was admitted to the facility on January 10, 2009, with diagnoses including Urinary Tract Infection, Type II Diabetes Mellitus,	F 280	1. Resident #12's care plan has been updated to identify the use of a restraint as problem with specific individual approaches to identify any potential for any complications related to restraint use. Resident #5's care plan has been updated to identify the use of an indwelling catheter as a problem with specific individual approaches to prevent and identify any potential complications related to the use of an indwelling catheter. The Care Plan Coordinator who updates the Care Plans has been in serviced by the Director of Nursing on March 16 2011 to identify restraints and indwelling catheters as areas of high risk and to include specific individual approaches to prevent any complications or adverse reactions as a result of utilizing restraints or indwelling catheters. 2. Other residents have been identified with restraints and indwelling catheters as a problem and the care plan reviewed for specific individual approaches to prevent any complications related to restraint use or the use of an indwelling catheter. 3. Residents with restraints will be reviewed monthly and all restraints will be care planned to reflect the risk of complications that may develop from restraint use. Residents with indwelling catheters will be reviewed monthly and all indwelling catheters will be care planned to reflect the risk of complications that may develop from the use of an indwelling catheter.	4/20/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

JoAnna Eckels, Administrator — 3/25/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	Continued From page 1 Acute Venous Embolism, Hypothyroidism, Senile Dementia, Essential Hypertension, and Pneumonia. Medical record review of the Minimum Data Set dated February 11, 2011, revealed the resident had difficulty with long and short-term memory and difficulty with decision making skills. Observation on March 14, 2011, at 10:00 a.m., revealed the resident in the hall near the nursing station, seated in a wheel chair with a soft belt restraint around the waist, secured with a slide buckle over the back kick spurs. Medical record review of the physician's orders dated April 22, 2010, revealed, "...Restraint: Slide buckle soft waist restraint while in wheel chair. Check q (every) 30 min. release q 2 hours..." Medical record review of the resident's care plan dated February 23, 2011, revealed the care plan had not been updated to include the resident's slide buckle soft waist restraint. Interview with the Director of Nursing on March 14, 2011, at 3:45 p.m., in the conference room confirmed the care plan had not been updated to include the soft belt restraint. Resident #5 was admitted to the facility on August 2, 2010, with diagnoses including Senile Dementia, Blindness of Both Eyes, Atrial Fibrillation, Constipation, and Osteoporosis. Medical record review of a Physician's Telephone Order dated March 7, 2011, revealed "...Insert indwelling catheter (a urine collection device) 16 F/ (French) 5 cc (milliliter) due to skin	F 280	Continued from page 1 4. To ensure the deficient practice will not recur, the Director of Nursing and/ or the Assistant Director of Nursing will monitor care plans for restraint use and indwelling catheters on a monthly basis and at that time check care plans for accuracy. If the care plan is not accurate, the Director of Nursing and/ or the Assistant Director of Nursing will correct the Care Plan Coordinators at that time. A member of the Nurse Management Team will report the findings at the monthly Quality Assurance Meeting until the deficient practice is determined to be of an acceptable quality.	4/20/11

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F 280	Continued From page 2 breakdown..." Observation on March 14, 2011, at 11:35 a.m., in the resident's room, revealed the resident lying in the bed with a foley catheter in place. Medical record review of the Care Plan updated February 23, 2010, revealed the Care Plan had not been updated to address the foley catheter. Interview on March 15, 2011, at 8:10 a.m., with the Director of Nursing (DON) in the DON's office confirmed the Care Plan was not updated to include the foley catheter.	F 280		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of the container package, review of the material safety data sheet, observation, and interview, the facility failed to ensure a safety device was in place for one (#21) resident of twenty-six residents reviewed, and failed to ensure chemicals were secured for one of two nursing stations. The findings included: Resident #21 was admitted to the facility on	F 323	1. The Nursing Staff was in serviced on 03/16/2011 regarding Resident #21's safety device not being in place. In Service completed addressed the assurance that safety devices are attached and operational. The Nursing Staff was also in serviced on 03/16/2011 in relation to Resident #16 being in the presence of dentures tablets that were not stored properly. In service completed addressed proper storage of denture cleansing tablets.	4/20/11

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F 323	Continued From page 3 February 22, 2010, with diagnoses including Diabetes, Congestive Heart Failure, and Hypertension. Medical record review of the Minimum Data Set dated January 30, 2011, revealed the resident required extensive assistance with two person physical assistance for transfers and had a history of falls since admission or the prior assessment. Medical record review of the fall risk assessment dated February 27, 2011, revealed the resident was at high risk for falls. Medical record review of the nurse's note dated February 27, 2011, revealed "...found on floor/fall...Resident's roommate to nurses station stating that resident was on the floor. Upon entering the room, resident was sitting upright in front of roommate's dresser with legs extended...resident's w/c (wheelchair) was in front of and to the right of resident with wheels unlocked, bed alarm was not on and motion detector (clip alarm) was still on w/c. Resident stated...been on...way to visit...siste...no injury on assessment...Intervention to minimize recurrence: inservice to staff about importance of making sure alarms are in place and functioning. Observation on March 15, 2011, at 1:45 p.m., revealed the resident sitting in a wheelchair in the hall with the motion detector (clip alarm) attached to the resident's shirt. Interview on March 15, 2011, at 3:55 p.m., with the Director of Nursing (DON), in the DON's office, confirmed the motion detector alarm was not in place at the time of the fall.	F 323	Continued from page 3 2. Other residents with safety devices have been identified and the nursing staff has been in serviced by the Nurse Educator beginning on 03/16/2011 to ensure the residents safety devices are properly attached and operational. Supplies have been reviewed and identified for proper storage and nursing staff has been inserviced beginning 03/16/2011 regarding proper storage of supplies. The Nursing Staff who were absent from the in service will be required to attend an inservice given by the Assistant Director of Nursing and/ or Nurse Educator within the next 2 weeks. 3. Nursing staff will be in serviced to ensure that safety devices are attached and operational and proper storage of supplies specific to denture cleansing tablets occurs during new hire orientation by the Nurse Educator. The nursing staff will have ongoing monthly in services conducted by the Assistant Director of Nursing and/ or the Nurse Educator regarding the assurance that safety devices are applied and operational and the proper storage of supplies specific to denture cleansing tablets.	4/20/11

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F 323	Continued From page 4 Resident #16 was admitted to the facility on March 12, 2008, with diagnoses including Dementia, Unspecified Essential Hypertension, and Diabetes Mellitus. Medical record review of the Minimum Data Set (MDS) dated January 16, 2011, revealed the resident had severely impaired cognitive skills for decision making and required extensive assistance with activities of daily living. Observation on March 15, 2011, at 8:34 a.m., at the C and D Nurse's Station, revealed resident #16 was seated in a wheelchair inside the nurse's station and without nursing staff present. Continued observation revealed eleven, unopened, single dose tablets of denture cleansers were lying on the desk at the nurse's station, approximately three feet from the resident. Review of a packaging container which stored the effervescent denture cleansers revealed "...antibacterial with baking soda...single use tablets...Do not put tablets or solution into mouth and do not use as a gargle or rinse. In case of accidental ingestion, seek professional assistance or contact the poison control center immediately..." Review of a Material Safety Data Sheet (MSDS) revealed "...Denture Cleanser...Skin Contact: No general concern, can cause moderate skin irritation...Ingestion: Expected to be slightly toxic by ingestion. If swallowed, do not induce vomiting, give large amounts of water or milk to	F 323	Continued from page 4 4. To ensure that the deficient practice will not recur, the Director of Nursing and/ or the Assistant Director of nursing will monitor residents safety devices on a monthly basis and at that time correct the nursing staff if needed. The Director of Nursing and/ or the Assistant Director of Nursing will monitor monthly for compliance with proper storage or supplies specific to denture cleansing tablets and at that time correct the nursing staff if needed. All findings will be reported at the monthly Quality Assurance meetings until the deficient practices are determined to be of an acceptable quality.	4/20/11

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F 323	Continued From page 5 dilute ingested material. Call Poison Control Center..." Interview on March 15, 2011, at 8:35 a.m., with Licensed Practical Nurse #1, at the C and D Nurse Station, confirmed the denture cleanser tablets were not secured for residents' safety.	F 323		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of manufacturer's recommendations, and interview, the facility failed to maintain the patient care equipment in a clean and sanitary condition for two residents (#26, #15) receiving oxygen of twenty-six residents reviewed. The findings included: Resident #26 was admitted to the facility on April 6, 2007, with diagnoses including Dementia, Pneumonia, Cardiomegaly, and Cancer of the Colon.	F 328	1. Oxygen Filters for Resident #26 and Resident #15 were cleaned on 03/16/2011. Central Supply staff was in serviced by the Assistant Director of Nursing on 03/16/2011 in regards to ensuring that the Oxygen filters are checked and cleaned weekly according to manufacturer recommendations. 2. All oxygen filters for concentrators being utilized by other residents were checked and cleaned on 03/16/2011. 3. Central Supply Coordinator will continue to check oxygen filters weekly and complete necessary cleaning based on manufactures recommendations and will turn in weekly audit sheet to the Director of Nursing and/ or the Assistant Director of Nursing.	4/20/11

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F 328	Continued From page 6 Observation of the resident's room on March 16, 2011, at 9:10 a.m., with a Central Supply Staff, in charge of cleaning the Oxygen filters, revealed the resident seated in a wheelchair receiving Oxygen via a nasal cannula from a portable Oxygen concentrator. Continued observation revealed the two black filters on the Oxygen concentrator covered with whitish colored debris (dust). Resident #15 was admitted to the facility on July 27, 2009, with diagnoses including Paralysis Agitans, Malignant Neoplasm, Organic Brain Syndrome, Senile Dementia, and Insomnia. Observation with a Central Supply Staff, in charge of cleaning the Oxygen filters, on March 16, 2011, at 9:12 a.m., revealed the resident seated in a wheel chair receiving Oxygen via a nasal cannula from a portable Oxygen concentrator. Continued observation revealed the two black filters were covered with whitish colored debris (dust). Review of the Oxygen Manufacturer's instructions revealed "...CLEAN AT LEAST ONCE A WEEK...clean...filters with a vacuum cleaner or wash in warm soapy water and rinse thoroughly...Dry the filters thoroughly before reinstallation..." Interview with the Central Supply Staff, in charge of maintaining the Oxygen filters, on March 16, 2011, at 9:25 a.m., on the 400 hall, confirmed the resident's Oxygen filters were not cleaned; confirmed the facility did not have a system in place to routinely clean and maintain the Oxygen concentrators; and confirmed the Manufacturer's recommendations were not followed.	F 328	Continued from page 6 4. To ensure that the deficient practice will not recur the Director of Nursing and/ or the Assistant Director of Nursing will complete monthly audits on oxygen filters and will monitor weekly audit sheets for compliance. Any findings will be corrected by the Director of Nursing and/ or the Assistant Director of Nursing at that time and findings reported at the monthly Quality Assurance meetings until the deficient practice is determined to be of an acceptable quality.	4/20/11
F 441	483.65 INFECTION CONTROL, PREVENT	F 441		

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F 441 SS=D	Continued From page 7 SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	1. The Registered Nurse (treatment nurse) who performed the dressing change to Resident #2 has been in serviced one on one by the Nurse Educator on 03/16/2011on proper hand washing when performing wound care. 2. Other nurses that complete wound care have been in serviced on proper hand washing technique during dressing changes. Nurses not present for in service will be required to attend in service given by the Nurse Educator and/ or the Assistant Director of Nursing within the next 2 weeks. 3. During new hire orientation nurses will be in serviced on proper hand washing technique by the Nurse Educator. Nurses will review proper hand washing technique during licensed nursing meetings. Return demonstration will be a part of on going in services as well. 4. To ensure that the deficient practice will not recur, the Director of Nursing or the Assistant Director of Nursing will monitor nurses performing wound care monthly. Any discrepancies noted will be corrected and critiqued at that time. All findings will be reported at the monthly Quality Assurance meeting until the proper hand washing during dressing changes is determined to be at an acceptable quality.	4/20/11

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F 441	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain hand hygiene while providing wound care for one (#2) resident of twenty-six residents reviewed. The findings included: Resident #2 was admitted to the facility on October 22, 2008, with diagnoses including Urinary Tract Infection, Pressure Ulcer, Hypothyroidism, and Diabetes. Observation on March 15, 2011, at 9:50 a.m., with RN #2 providing wound care to resident #2 revealed the following: RN (Registered Nurse) #2 cleansed the left leg wounds with soap and water; removed the gloves and washed the hands; went to the treatment cart in the hall to obtain a dressing; entered the room and closed the door; entered the bathroom and obtained gloves; closed the bathroom door and applied gloves without washing the hands; cleansed the wound on the top of the left foot with normal saline; removed the gloves and washed the hands; went to the treatment cart in the hall to obtain antibiotic ointment; entered the room and closed the door; applied gloves without washing the hands and applied the antibiotic ointment to the wound on top of the left foot. Interview on March 15, 2011, at 10:00 a.m., with RN #2, in the hall, confirmed the hands were not washed prior to providing treatment to the resident's wounds.	F 441		